

**FEC
FORM 3X****REPORT OF RECEIPTS
AND DISBURSEMENTS**
For Other Than An Authorized Committee

Office Use Only

1. NAME OF
COMMITTEE (in full)**USE FEC MAILING LABEL
OR TYPE OR PRINT**Example: If typing, type
over the lines

PIEDMONT TRIAD ANESTHESIA P A FEDERAL PAC

ADDRESS (number and street)

145 KIMEL PARK DRIVE SUITE 120

☐Check if different
than previously
reported. (ACC)

WINSTON-SALEM

NC

27103

2. **FEC IDENTIFICATION NUMBER**

CITY

STATE

ZIP CODE

C00435651

3. IS THIS
REPORT☒NEW
(N)**OR**☐AMENDED
(A)4. **TYPE OF REPORT**

(Choose One)

(a) Quarterly Reports:

☐April 15
Quarterly Report(Q1)☐July 15
Quarterly Report(Q2)☐October 15
Quarterly Report(Q3)☐January 31
Quarterly Report(YE)☐July 31 Mid-Year
Report(Non-election
Year Only) (MY)☐Termination Report
(TER)(b) Monthly
Report
Due On:☐

Feb 20 (M2)

☐

May 20 (M5)

☐

Aug 20 (M8)

☐Nov 20 (M11)
(Non-Election
Year Only)☐

Mar 20 (M3)

☐

Jun 20 (M6)

☐

Sep 20 (M9)

☐Dec 20 (M12)
(Non-Election
Year Only)☐

Apr 20 (M4)

☐

Jul 20 (M7)

☐

Oct 20 (M10)

☐

Jan 31 (YE)

(c) 12-Day
PRE-Election
Report for the:☐

Primary (12P)

☐

General (12G)

☐

Runoff (12R)

☐

Convention (12C)

☐

Special (12G)

Election on

in the
State of(d) 30-Day
Post-Election
Report for the:☒

General (30G)

☐

Runoff (30R)

☐

Special (30S)

Election on

11

04

2008

in the
State of

NC

5. Covering Period

10

16

2008

through

11

24

2008

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer

Mr. Theodore C. Fyock

Signature of Treasurer

Electronically Filed by Mr. Theodore C. Fyock

Date

12

02

2008

NOTE : Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g.

Office
Use
Only**FEC FORM 3X**
(Rev. 12/2004)

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

PIEDMONT TRIAD ANESTHESIA P A FEDERAL PAC

Report Covering the Period:

From:

M	M	D	D	Y	Y	Y	Y
1	0	1	6	2	0	0	8

To:

M	M	D	D	Y	Y	Y	Y
1	1	2	4	2	0	0	8

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1 2008		26273.05
(b) Cash on Hand at Beginning of Reporting Period	39698.05	
(c) Total Receipts (from Line 19)	3400.00	34000.00
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	43098.05	60273.05
7. Total Disbursements (from Line 31)	4000.00	21175.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	39098.05	39098.05
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D)	0.00	

☐ This Committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE OF RECEIPTS

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

PIEDMONT TRIAD ANESTHESIA P A FEDERAL PAC

Report Covering the Period:

From:

M	M	D	D	Y	Y	Y	Y
1	0	1	6	2	0	0	8

To:

M	M	D	D	Y	Y	Y	Y
1	1	2	4	2	0	0	8

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees	3400.00	34000.00
(i) Itemized (use Schedule A)	0.00	0.00
(ii) Unitemized	3400.00	34000.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii), (b) and (c)) (Carry Totals to Line 33, page 5)	3400.00	34000.00
12. Transfers From Affiliated/Other Party Committees	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.)	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3)	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	3400.00	34000.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	3400.00	34000.00

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share.....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	0.00	675.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b)).....	0.00	675.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	4000.00
24. Independent Expenditure (use Schedule E)	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))	0.00	0.00
29. Other Disbursements.....	4000.00	16500.00
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	4000.00	21175.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	4000.00	21175.00

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3)	3400.00	34000.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	3400.00	34000.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	0.00	675.00
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	0.00	675.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 6 / 12

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

PIEDMONT TRIAD ANESTHESIA P A FEDERAL PAC

A.

Full Name (Last, First, Middle Initial)

Dr. Terrence Almengual

Mailing Address 4248 Saddlewood Forest Drive

City

Winston-Salem

State

NC

Zip Code

27106

FEC ID number of contributing
federal political committee.

C

Name of Employer
Piedmont Triad Anesthesia,
PA

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 3 1 / 2 0 0 8

Transaction ID: SA11AI.4276

Amount of Each Receipt this Period

200.00

\$200.00/monthly

B.

Full Name (Last, First, Middle Initial)

Dr. Vincent Castellano, III

Mailing Address 8475 Lismore Street

City

Clemmons

State

NC

Zip Code

27012

FEC ID number of contributing
federal political committee.

C

Name of Employer
Piedmont Triad Anesthesia,
PA

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 3 1 / 2 0 0 8

Transaction ID: SA11AI.4277

Amount of Each Receipt this Period

200.00

\$200.00/monthly

C.

Full Name (Last, First, Middle Initial)

Dr. David Colonna

Mailing Address 387 Cedar Trails

City

Winston-Salem

State

NC

Zip Code

27104

FEC ID number of contributing
federal political committee.

C

Name of Employer
Piedmont Triad Anesthesia,
P.A

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 3 1 / 2 0 0 8

Transaction ID: SA11AI.4278

Amount of Each Receipt this Period

200.00

\$200.00/monthly

SUBTOTAL of Receipts This Page (optional)

600.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 7 / 12

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

PIEDMONT TRIAD ANESTHESIA P A FEDERAL PAC

A.

Full Name (Last, First, Middle Initial)

Dr. Kumar Dongre

Mailing Address 150 Shamrock Trail

City

Lewisville

State

NC

Zip Code

27023

FEC ID number of contributing
federal political committee.

C

Name of Employer
Piedmont Triad Anesthesia,
P.A.

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 3 1 / 2 0 0 8

Transaction ID: SA11AI.4279

Amount of Each Receipt this Period

200.00

\$200.00/monthly

B.

Full Name (Last, First, Middle Initial)

Dr. Paolo Flezzani

Mailing Address 3270 Beroth Road

City

Pfafftown

State

NC

Zip Code

27040

FEC ID number of contributing
federal political committee.

C

Name of Employer
Piedmont Triad Anesthesia,
P.A.

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 3 1 / 2 0 0 8

Transaction ID: SA11AI.4280

Amount of Each Receipt this Period

200.00

\$200.00/monthly

C.

Full Name (Last, First, Middle Initial)

Dr. Greg Hardie

Mailing Address 1619 Appian Way

City

Clemmons

State

NC

Zip Code

27012

FEC ID number of contributing
federal political committee.

C

Name of Employer
Piedmont Triad Anesthesia,
PA

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 3 1 / 2 0 0 8

Transaction ID: SA11AI.4281

Amount of Each Receipt this Period

200.00

\$200.00/monthly

SUBTOTAL of Receipts This Page (optional)

600.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 8 / 12

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

PIEDMONT TRIAD ANESTHESIA P A FEDERAL PAC

A.

Full Name (Last, First, Middle Initial)

Dr. George Hertz

Mailing Address 4232 Lake Cliffe Drive

City

Clemmons

State

NC

Zip Code

27012

FEC ID number of contributing
federal political committee.

C

Name of Employer
Piedmont Triad Anesthesia,
PA

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 3 1 / 2 0 0 8

Transaction ID: SA11AI.4282

Amount of Each Receipt this Period

200.00

\$200.00/monthly

B.

Full Name (Last, First, Middle Initial)

Dr. Curtis Johnsrude

Mailing Address 4416 Bent Tree Farm Road

City

Winston-Salem

State

NC

Zip Code

27106

FEC ID number of contributing
federal political committee.

C

Name of Employer
Piedmont Triad Anesthesia,
PA

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 3 1 / 2 0 0 8

Transaction ID: SA11AI.4283

Amount of Each Receipt this Period

200.00

\$200.00/monthly

C.

Full Name (Last, First, Middle Initial)

Dr. Daniel Kennedy

Mailing Address 4255 Foxbury Court

City

Winston-Salem

State

NC

Zip Code

27104

FEC ID number of contributing
federal political committee.

C

Name of Employer
Piedmont Triad Anesthesia,
PA

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 3 1 / 2 0 0 8

Transaction ID: SA11AI.4284

Amount of Each Receipt this Period

200.00

\$200.00/monthly

SUBTOTAL of Receipts This Page (optional)

600.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

PIEDMONT TRIAD ANESTHESIA P A FEDERAL PAC

A.

Full Name (Last, First, Middle Initial)

Dr. Frederick Alan Koontz

Mailing Address 4246 Alistair Road

City

Winston-Salem

State

NC

Zip Code

27104

FEC ID number of contributing
federal political committee.

C

Name of Employer
Piedmont Triad Anesthesia,
P.A.

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 3 1 / 2 0 0 8

Transaction ID: SA11AI.4285

Amount of Each Receipt this Period

200.00

\$200.00/monthly

B.

Full Name (Last, First, Middle Initial)

Dr. Joseph McConville

Mailing Address 3120 Millhaven Lake Drive

City

Winston-Salem

State

NC

Zip Code

27106

FEC ID number of contributing
federal political committee.

C

Name of Employer
Piedmont Triad Anesthesia,
PA

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 3 1 / 2 0 0 8

Transaction ID: SA11AI.4286

Amount of Each Receipt this Period

200.00

\$200.00/monthly

C.

Full Name (Last, First, Middle Initial)

Dr. Joseph Middleton

Mailing Address 1901 Buena Vista Road

City

Winston-Salem

State

NC

Zip Code

27104

FEC ID number of contributing
federal political committee.

C

Name of Employer
Piedmont Triad Anesthesia,
PA

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 3 1 / 2 0 0 8

Transaction ID: SA11AI.4287

Amount of Each Receipt this Period

200.00

\$200.00/monthly

SUBTOTAL of Receipts This Page (optional)

600.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 10 / 12

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

PIEDMONT TRIAD ANESTHESIA P A FEDERAL PAC

A.

Full Name (Last, First, Middle Initial)

Dr. Suresh Penkar

Mailing Address 4206 Garden Spring Road

City

Clemmons

State

NC

Zip Code

27012

FEC ID number of contributing
federal political committee.

C

Name of Employer
Piedmont Triad Anesthesia,
PA

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 3 1 / 2 0 0 8

Transaction ID: SA11AI.4288

Amount of Each Receipt this Period

200.00

\$200.00/monthly

B.

Full Name (Last, First, Middle Initial)

Dr. Michael Scannell

Mailing Address 2185 Knight Road

City

Kernersville

State

NC

Zip Code

27284

FEC ID number of contributing
federal political committee.

C

Name of Employer
Piedmont Triad Anesthesia,
PA

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 3 1 / 2 0 0 8

Transaction ID: SA11AI.4289

Amount of Each Receipt this Period

200.00

\$200.00/monthly

C.

Full Name (Last, First, Middle Initial)

Dr. Benzion Schkolne

Mailing Address 300 Beechcliff Court

City

Winston-Salem

State

NC

Zip Code

27104

FEC ID number of contributing
federal political committee.

C

Name of Employer
Piedmont Triad Anesthesia,
PA

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 3 1 / 2 0 0 8

Transaction ID: SA11AI.4290

Amount of Each Receipt this Period

200.00

\$200.00/monthly

SUBTOTAL of Receipts This Page (optional)

600.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 11 / 12

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

PIEDMONT TRIAD ANESTHESIA P A FEDERAL PAC

A.

Full Name (Last, First, Middle Initial)

Dr. Ronald Waterer

Mailing Address 689 Lichfield Drive

City

Winston-Salem

State

NC

Zip Code

27104

FEC ID number of contributing
federal political committee.

C

Name of Employer
Piedmont Triad Anesthesia,
PA

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 3 1 / 2 0 0 8

Transaction ID: SA11AI.4291

Amount of Each Receipt this Period

200.00

\$200.00/monthly

B.

Full Name (Last, First, Middle Initial)

Dr. Daniel Winters

Mailing Address 4180 Dimholt Court

City

Winston-Salem

State

NC

Zip Code

27104

FEC ID number of contributing
federal political committee.

C

Name of Employer
Piedmont Triad Anesthesia,
PA

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 3 1 / 2 0 0 8

Transaction ID: SA11AI.4292

Amount of Each Receipt this Period

200.00

\$200.00/monthly

SUBTOTAL of Receipts This Page (optional)

400.00

TOTAL This Period (last page this line number only)

3400.00

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 12 / 12

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

PIEDMONT TRIAD ANESTHESIA P A FEDERAL PAC

A.

Full Name (Last, First, Middle Initial)

BRUNSTETTER FOR NC SENATE

Mailing Address 2521 BITTING ROAD

City
WINSTON-SALEM

State
NC

Zip Code
27104

Purpose of Disbursement
CONTRIBUTION

Candidate Name
BRUNSTETTER FOR NC SENATE

Office Sought: ☐ House
☒ Senate
☐ President

State: NC

District:

Disbursement For: 2008
☐ Primary ☒ General
☐ Other (specify) ▼

Transaction ID: SB29.4273

Date of Disbursement

/ /

Amount of Each Disbursement this Period

4000.00

SUBTOTAL of Disbursements This Page (optional)

4000.00

TOTAL This Period (last page this line number only)

4000.00